

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE
Sold in New Jersey
By

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Telephone: 1-800-438-7180

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER					
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS					
PLAN	*	MONTHLY PREMIUM AT AGE 65 <i>(INCREASES WITH AGE)</i>	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
A	F	99.71	Yes**	None		Yes	Yes	Yes					Yes		Yes				
	M	114.67																	
B	F	129.62	Yes**	None	Yes	Yes	Yes	Yes					Yes		Yes				
	M	148.95																	
C	F	155.43	Yes**	None	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
	M	178.69																	
D	F	133.91	Yes**	None	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes		
	M	153.94																	
F	F	160.15	Yes**	None	Yes	Yes	Yes	Yes	Yes			Yes	Yes	100% Yes	Yes	Yes			
	M	184.11																	

F = FEMALE M = MALE

* ABOVE PREMIUMS DO NOT INCLUDE A ONE-TIME \$20 POLICY FEE.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

(This information may also be found on our web site at www.state.nj.us/health/senior/ship.shtml)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR.
SERVICES
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